

RELIGIOUS DIET PROGRAM CANCELLATION REQUEST

CDCR 3030-D (REV. 11/08)

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I am giving notice that I am withdrawing from the Religious Diet Program indicated below. Please cancel my religious meals immediately. I understand that I must wait for a period of six months before I can reapply to participate in the same Religious Diet Program.

Return this request and your religious diet card to your Chaplain.

RELIGIOUS DIET PROGRAM

Cancel my meals for the: ☐ Vegetarian diet ☐ Jewish Kosher diet ☐ Halal meat alternate

☐ My religious diet card is attached.

Inmate Name (printed)_____
CDC No._____
Inmate Signature and Date_____
Date Received_____
Chaplain Signature and Date

Institution: _____